

***BIBDATASHEET*****CONFIRMATION NO. 3950**

Bib Data Sheet

SERIAL NUMBER 09/834,208	FILING DATE 04/13/2001 RULE	CLASS 128	GROUP ART UNIT 3731	ATTORNEY DOCKET NO.
-----------------------------	---------------------------------------	--------------	------------------------	------------------------

APPLICANTS

G. Thomas Wolf, Mason, OH;

**** CONTINUING DATA ********none***** FOREIGN APPLICATIONS ********none***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 08/29/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY OH	SHEETS DRAWING 1	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
--	--	-------------------------------	----------------------------	--------------------------	--------------------------------

ADDRESS
 PETER P. TUNG, PH.D.
 6567 GALWALY DRIVE
 CLARKSVILLE, MD
 21029
TITLE

Oxygen mask

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit